

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

 1 ACCOUNT #
(Ethics Commission filers)
00000000

2 Total pages this report:

1/9

3 CANDIDATE /
OFFICEHOLDER
NAME
 TITLE FIRST MI
Mr. Brian E.
NICKNAME LAST SUFFIX
Wozniak

OFFICE USE ONLY

Date Received

RECEIVED

Date Hand Delivered or Date Postmarked

CITY SECRETARY

4 CANDIDATE /
OFFICEHOLDER
ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 70101
Houston TX 77270
☐ Change of Address

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME
 TITLE FIRST MI
Mrs. Melissa M.
NICKNAME LAST SUFFIX
Lord
6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6906 Redwood Falls
Pasadena TX 77505
7 CAMPAIGN
TREASURER
PHONE
 AREA CODE PHONE NUMBER EXTENSION
(832) 567-6291

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)
9 PERIOD
COVERED
 Month Day Year THROUGH Month Day Year
09/26/2003 10/25/2003

10 ELECTION

 ELECTION DATE ELECTION TYPE
Month Day Year
11/04/2003
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

 12 OFFICE SOUGHT (if known)
Other -- City Council-At Large -
Pos 1
13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

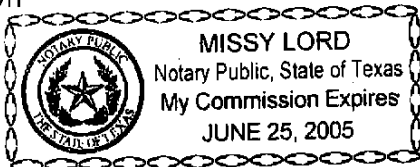
Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME**
Mr. Brian E. Wozniak**15 ACCOUNT #** (Ethics Commission filers)
00000000**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED** \$ 0.002. **TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)** \$ 3535.00**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED** \$ 0.004. **TOTAL POLITICAL EXPENDITURES** \$ 9866.79**OUTSTANDING
LOAN TOTALS**5. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD** \$ 0.00**19 AFFIDAVIT**

MISSY LORD
Notary Public, State of Texas
My Commission Expires
JUNE 25, 2005

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian E. Wozniak, this the 27th day of October 2003, to certify which, witness my hand and seal of office.

Missy Lord
Signature of Officer Administering Oath
Notary Public
Title of Officer Administering Oath

Missy Lord
Printed name of Officer Administering Oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/9

2 FILER NAME

Mr. Brian E. Wozniak

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date

10/17/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Ms. Dorothy Barker

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/17/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
CWA - COPE PCC

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/16/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Doug Carroll

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/19/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Dean Corgey

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/16/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Herbert Edmondson

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/9	
2 FILER NAME Mr. Brian E. Wozniak		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Todd & Amy Kersting	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larissa Ann Lindsay	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Randle Pace	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paksima Group	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Rose	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
5/9**2 FILER NAME**

Mr. Brian E. Wozniak

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

10/09/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
South Atlantic & Gulf Coast District International Longshoreman's Ass-
ociation-PAC**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of
contribution (\$)**

1000.00

**8 In-kind contribution
description (if applicable)****9 Principal occupation (Optional)****10 Employer (Optional)**

Date

10/17/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Elke Stava**Contributor address; City; State; Zip Code**
[REDACTED]**Amount of
contribution (\$)**

25.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)**

Date

10/17/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Michael West**Contributor address; City; State; Zip Code**
[REDACTED]**Amount of
contribution (\$)**

200.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/9**2 FILER NAME**

Mr. Brian E. Wozniak

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

10/14/2003

5 Payee name

HISD North District Scholarship Fund

7

Amount

(\$)

50.00

6 Payee address; City; State; Zip Code

5207 Airline

Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
donation**9 Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

10/22/2003

Payee name

Houston Association of Black Journalists

Amount

(\$)

100.00

Payee address; City; State; Zip Code

PO Box 565

Houston TX 77001

Purpose of expenditure (See instructions regarding type of information required.)
advertisingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/14/2003

Payee name

Southeast Precinct Judges Council

Amount

(\$)

200.00

Payee address; City; State; Zip Code

9211 Dulcimer

Houston TX 77051

Purpose of expenditure (See instructions regarding type of information required.)
donationComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/06/2003

Payee name

Sprint Digital Print

Amount

(\$)

1515.50

Payee address; City; State; Zip Code

10100 Clay Rd.

Houston TX 77080

Purpose of expenditure (See instructions regarding type of information required.)
printingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/9	
2 FILER NAME Mr. Brian E. Wozniak		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/06/2003	5 Payee name Sprint Digital Print 6 Payee address; City; State; Zip Code 10100 Clay Rd. Houston TX 77080		7 Amount (\$) 414.11
8 Purpose of expenditure (See instructions regarding type of information required.) printing		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/13/2003	Payee name Sprint Digital Print Payee address; City; State; Zip Code 10100 Clay Rd. Houston TX 77080		Amount (\$) 414.00
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/07/2003	Payee name Susan Starnes Payee address; City; State; Zip Code 5773 Woodway Drive #129 Houston TX 77057		Amount (\$) 152.85
Purpose of expenditure (See instructions regarding type of information required.) Expense reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/09/2003	Payee name Susan Starnes Payee address; City; State; Zip Code 5773 Woodway Drive #129 Houston TX 77057		Amount (\$) 256.00
Purpose of expenditure (See instructions regarding type of information required.) Expense reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/9**2 FILER NAME**

Mr. Brian E. Wozniak

3 ACCOUNT # (Ethics Commission filers)
00000000**4 Date**

10/14/2003

5 Payee name

Susan Starnes

7

Amount

(\$)

120.33

6 Payee address; City; State; Zip Code

5773 Woodway Drive #129

Houston TX 77057

8 Purpose of expenditure (See instructions regarding type of information required.)
Expense reimbursement**9 Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**

10/13/2003

Payee name

United States Postal Service

Amount

(\$)

370.00

Payee address; City; State; Zip Code

401 Franklin

Houston TX 77001

Purpose of expenditure (See instructions regarding type of information required.)
postage**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**

10/17/2003

Payee name

United States Postal Service

Amount

(\$)

74.00

Payee address; City; State; Zip Code

401 Franklin

Houston TX 77001

Purpose of expenditure (See instructions regarding type of information required.)
postage**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/9**2 FILER NAME**

Mr. Brian E. Wozniak

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 10/06/2003	5 Payee name Carroll Printing & Promotions <hr/> 6 Payee address; City; State; Zip Code 2907 Canal Street Houston TX 77003 7 Purpose of expenditure (See instructions regarding type of information required.) printing	8 Amount (\$) 1700.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/15/2003	Payee name Susan Starnes <hr/> Payee address; City; State; Zip Code 5773 Woodway Drive #129 Houston TX 77057 Purpose of expenditure (See instructions regarding type of information required.) consulting fee	Amount (\$) 4500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended